



## TRIBAL MEMBERSHIP CARD RENEWAL FORM

Used by enrollment specialist to verify identity, update contact information, and obtain permissions. To be completed once every 10 years for an adult, 5 years for a child, or in the event that an outdated application was used.

First Name:	Middle:	Last:	Maiden/Other:
Mailing Address:	City	State:	Zip:
E-Mail Address:			
Cell/Home Phone:	Date of Birth:		
Tribal Affiliation:			
Birth order of biological mother: (i.e. 1st, 2nd, or 3rd child):		Birth order of biological father: (i.e. 1st, 2nd, or 3rd child):	
Marital Status (single, married):		Social Security Number:	
Birth Mother:		Mother's Maiden Name:	
Birth Father:		Adopted Parents	
<b>STATEMENT OF TRUTH &amp; RELEASE OF INFORMATION</b>			

- I certify that the information provided is true to the best of my knowledge.
- I authorize the Tribal Enrollment department of Tanana Chiefs Conference to verify my enrollment status, blood quantum, and (ONLY in the cases where there is a question of inheritance) lineage to the following entities.

**Please initial all that apply:**

- \_\_\_\_\_ Educational programs like Alaska Native Education, Higher Education institutions, financial aid, etc.
- \_\_\_\_\_ ANCSA Corporations (like Doyon, NANA, K'oyitl'ots'ina, etc. usually to discuss a possible inheritance.)
- \_\_\_\_\_ Other enrollment departments of Indigenous tribes, to assist in calculating blood quantum and eligibility for descendants.
- \_\_\_\_\_ T.C.C. programs, such as land probate, employment & training, TANF, Head Start, etc.
- \_\_\_\_\_ A medical facility (such as ANMC or CAIHC) that needs enrollment verification for medical treatment, when no other enrollment verification is available.

Signature of Applicant (or Legal Representative)

Date